

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018299

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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50					
TOTAL IND.	2		↓		↓
TOTAL DEP.	4	↔	↓	↔	↓
TOTAL CLAIMS	1	REDACTED	REDACTED	REDACTED	REDACTED

*	*	*	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.			↓		↓
TOTAL DEP.			↔		↔
TOTAL CLAIMS		REDACTED	REDACTED	REDACTED	REDACTED

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY